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ACADIA-ST. LANDRY HOSPITAL
SERVICE DISTRICT
FINANCIAL REPORT
JUNE 30, 1999

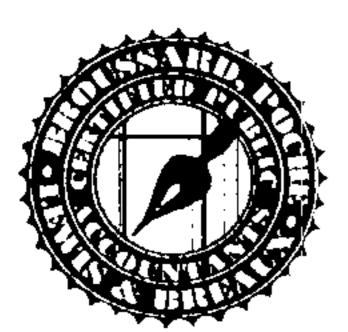
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Release Date 1-26-2000

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# BROUSSARD, POCHE', LEWIS & BREAUX, L.L.P.

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Commissioners Acadia-St. Landry Hospital Service District Church Point, Louisiana

We have audited the accompanying balance sheets of Acadia-St. Landry Hospital Service District as of June 30, 1999 and 1998, and the related statements of revenue and expenses, changes in fund balance, and cash flows for the years then ended. These financial statements are the responsibility of the District's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards and <u>Government Auditing Standards</u> issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Acadia-St. Landry Hospital Service District as of June 30, 1999 and 1998, and the results of its operations, and cash flows for the years then ended in conformity with generally accepted accounting principles.

In accordance with <u>Government Auditing Standards</u>, we have also issued a report dated November 2, 1999, on our consideration of Acadia-St. Landry Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grants.

Louisauf Pach; Juist Chang, LIP

Crowley, Louisiana November 2, 1999

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# BALANCE SHEETS June 30, 1999 and 1998

ASSETS	<u> 1999</u>	1998
CURRENT ASSETS		
Cash and cash equivalents	\$ 701,456	\$ 193,934
Certificates of deposit	1,180,661	1,449,445
Patient accounts receivable, less allowance		
for uncollectible accounts of \$335,000 and		
\$325,000 at 1999 and 1998, respectively	1,122,036	1,291,813
Inventories	107,313	107,554
Prepaid expenses	33,422	35,619
Due from intermediary on cost reports	321,307	497,598
Other receivables	<u>139,436</u>	<u>128,633</u>
Total current assets	\$3,605,631	\$3,704,596
FIXED ASSETS		
Property, plant, and equipment, at cost, less		
accumulated depreciation of \$1,996,017 and		
\$1,774,008 at 1999 and 1998, respectively	<u>2.246,285</u>	2,414,179
	<u>\$5,851,916</u>	<u>\$6,118,775</u>
LIABILITIES AND FUND BALANCE		
CURRENT LIABILITIES		
Accounts payable	\$ 704,636	\$ 647,656
Other accrued expenses	149,922	138,807
Capital lease payable	15,656	16,195
Total current liabilities	\$ 870.214	\$ 802,658
LONG-TERM LIABILITIES		
Capital lease payable	\$ 36,772	\$ 53,810
FUND BALANCE		
Contributed capital	\$ 174,330	\$ 174,330
Unrestricted fund balance	4,770,600	<u>5,087,977</u>
Total fund balance	<u>\$4,944,930</u>	\$5,262,307
	\$5.851.916	<u>\$6,118,775</u>

# STATEMENTS OF REVENUE AND EXPENSES Years Ended June 30, 1999 and 1998

	1999	<u> 1998</u>
Operating revenue:		
Net patient service revenue	\$ 6,151,676	\$ 6,194,019
Other operating revenue	<u>87,466</u>	81,356
Total operating revenue	\$ 6,239,142	\$ 6,275,375
Operating expenses:		
Salaries	\$ 2,135,704	\$ 2,053,716
Professional fees	688,494	1,140,244
Other departmental expenses	3,298,489	3,613,647
Interest	7,149	4,467
Depreciation & amortization	222,010	217,627
Provision for uncollectible accounts	<u>453,146</u>	<u>467.925</u>
	<u>\$ 6,804,992</u>	<u>\$ 7.497,626</u>
Deficiency of operating revenue over		
operating expenses	<u>\$ (565,850</u> )	\$(1,222,251)
Nonoperating revenue (expenses):		
Property tax receipts	\$ 157,895	\$ 160,605
Interest income	90,578	95,681
	\$ 248,473	<u>\$ 256,286</u>
Deficiency of revenues over expenses	<u>\$ (317,377</u> )	<u>\$ (965,965</u> )

# STATEMENTS OF CHANGES IN FUND BALANCE Years Ended June 30, 1999 and 1998

<u>Unrestricted Fund</u>	1999	1998
Fund balance, beginning	\$5,087,977	\$6,053,942
Additions: Deficiency of revenues over expenses	(317,377)	(965,965)
Fund balance, ending	<u>\$4,770,600</u>	\$5,087,977

## STATEMENTS OF CASH FLOWS Years Ended June 30, 1999 and 1998

CACIL DIOUG BROW ARRESTS ASSESSED.	1999	1998
CASH FLOWS FROM OPERATING ACTIVITIES	A (man ana)	
Operating loss Adjustments to reconcile operating income to	\$ (565,850)	\$(1,222,251)
Adjustments to reconcile operating income to net cash provided by operating activities:		
Depreciation and amortization	222	
(Increase) decrease in assets:	222,010	217,627
Patient accounts receivable	1.60	4
Inventories	169,777	(166,714)
Prepaid expenses	241	(26,333)
Intermediary receivable on cost reports	2,197	11,028
Other receivables	176,291	(88,337)
	(10,803)	(8,945)
Increase (decrease) in liabilities:		
Accounts payable	56,980	153,592
Other accrued expenses	11,115	13,702
Net cash provided (used) in operating activities	\$ 61,958	\$(1,116,631)
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES		
Property tax receipts	\$ 157,895	\$ 160,605
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	\$ (54,116)	\$ (75,743)
Purchase of certificates of deposit	(2,761,710)	(3,162,659)
Proceeds from maturities of certificates of	(2,,01,,10,	(3,102,033)
deposit	3,030,494	4,087,208
Interest on certificates of deposit	90,578	95,681
Net cash provided by investing activities	<u>\$ 305,246</u>	<u>\$ 944,487</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Principal payments on capital lease	\$ (17,577)	\$ (15,418)
Net increase (decrease) in cash and cash equivalents	\$ 507,522	\$ (26,957)
Cash and cash equivalents, beginning	193,934	220,891
Cash and cash equivalents, ending	<u>\$ 701,456</u>	<u>\$ 193,934</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cook normant - for interest	<b>A</b>	<b>A</b> .
Cash payments for interest	<u>\$ 7,149</u>	<u>\$ 4,467</u>

The Hospital entered into a capital lease obligation of \$85,423 for new equipment in 1998.

#### NOTES TO FINANCIAL STATEMENTS

## Note 1. Description of Organization and Summary of Significant Accounting Policies

The following is a summary of the Service District's significant accounting policies:

## Organization:

Acadia-St. Landry Hospital Service District is a political subdivision of the State created by an ordinance adopted by the Acadia and St. Landry Parish Police Juries.

### Operation:

From October 1, 1986 to March 31, 1991, the hospital facility which Acadia-St. Landry Hospital Service District owns, operated as a hospital under a lease agreement between the Hospital Service District and Our Lady of Lourdes Hospital of Lafayette. Beginning on April 1, 1991, the lease agreement was terminated and the Hospital Service District began operations of its own.

### Net patient revenue:

Net patient revenue is reported at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

### Inventories:

Inventories are valued at the latest invoice price which approximates the lower of cost (first-in, first-out method) or market.

### Property, plant, and equipment:

Property, plant, and equipment are stated at cost. Depreciation is computed using the straight-line method over the estimated useful lives as explained further in Note 3.

### Proprietary fund accounting:

The District utilizes the proprietary fund method of accounting whereby revenue and expenses are recognized on the accrual basis. Substantially all revenues and expenses are subject to accrual.

Use of estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### Allowance for uncollectible accounts:

The Hospital uses the allowance method of recognizing the cost for bad debts. This method provides an estimate of the loss that is applicable to current year revenue, and any adjustment in previous estimates of prior year losses that may be applicable to accounts still remaining on the books.

### Cash and cash equivalents:

For purposes of the statement of cash flows, the Hospital Service District considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents.

### Note 2. Health Insurance Program Reimbursement

The Hospital participates in Medicare and Medicaid programs as a provider of medical services to program beneficiaries. During the year ended June 30, 1999 and 1998, approximately 88.72% and 82.4%, respectively, of the Hospital's gross patient service revenues were furnished to Medicare and Medicaid program beneficiaries. Revenues derived from the Medicare and Medicaid programs are subject to audit and adjustment by the fiscal intermediary and must be accepted by the Department of Health and Human Services and Department of Health and Hospitals, State of Louisiana, before settlement amounts become final.

## Note 3. Depreciation of Property and Equipment

A summary of depreciable assets and their estimated life for depreciation purposes are as follows:

		Life	Cost	
	<u>Method</u>	(Years)	<u> 1999</u>	1998
Buildings and improvements	SL	15-50	\$2,584,432	\$2,576,594
Chapel	SL	5-15	8,372	8,372
Equipment	SL	3-10	1,529,473	1,483,196
Land	•	-	120,025	120,025
			\$4,242,302	\$4,188,187
Less accumulated depreciation	on		1,996,017	1,774,008
			<u>\$2.246.285</u>	<u>\$2.414.179</u>

### Note 4. Ad Valorem Taxes

On October 3, 1992, the taxpayers of the Hospital Service District approved a 7 mill tax for a ten year period for the purpose of acquiring, constructing, improving, maintaining and operating the hospital facilities, which will run through the year 2002.

## Note 5. Deposits and Investments

For reporting purposes, cash and cash equivalents include cash and certificates of deposit. The Service District may invest in United States bonds, treasury notes, or certificates of deposit of state banks having their office in the State of Louisiana, or any other federally insured investment. The Service District may also invest in shares of any homestead and building and loan association in any amount not exceeding the federally insured amount. The deposits at June 30, 1999, were as follows:

Bank <u>Balance</u>	FDIC <u>Insurance</u>	Balance <u>Uninsured</u>
\$ 914,643 1,207,612 \$2,122,255	\$ 135,981 200.000 \$ 335,981	\$ 778,662 <u>1,007,612</u> \$1,786,274
		<u>2,560,250</u>
		¢ 773 976
	Balance \$ 914,643 1,207,612	Balance Insurance \$ 914,643 \$ 135,981 1,207,612 200,000

## Note 6. Concentrations of Credit Risk

The District grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at June 30, 1999 and 1998 was as follows:

	<u>1999</u>	1998
Medicare	51.7%	48.7%
Medicaid	15.7	30.9
Other third-party payors	17.9	12.4
Patients	<u>14.7</u>	<u>0.8</u>
	100.0%	<u>100.0</u> %

## Note 7. Commitments and Contingencies

## Litigation:

The District is involved in litigation arising in the normal course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the District's future financial position or results from operations. This litigation is being covered by the Hospital's insurance.

### Note 8. Leases

The Hospital has entered into a lease agreement for financing the acquisition of an IBM AS/400 computer system and APS software under lease agreements. These leases qualify as capital leases for accounting purposes and, therefore, have been recorded at the present value of future minimum lease payments.

The assets acquired through capital leases are as follows:

00 computer system	\$ 47,123
vare	38,300
	\$ 85.423
	- <b>-</b>

The future minimum lease obligations and the net present value of these minimum lease payments as of June 30, 1999 were as follows:

Year Ending June 30	IBM AS/400 Computer <u>System</u>	APS <u>Software</u>
2000 2001 2002	\$ 10,491 10,491 <u>10,490</u> \$ 31,472	\$ 8,900 8,900 <u>8,901</u> \$ 26,701
Less: Amounts representing interest	2,771	2,974
Present value of minimum lease payments	<u>\$ 28,701</u>	<u>\$ 23,727</u>

The above IBM AS/400 computer lease includes \$3,563 for maintenance agreement.

### Note 9. Year 2000 Issue

The Year 2000 Issue is the result of shortcomings in many electronic data processing systems and other electronic equipment that may adversely affect the Hospital Service District's operations as early as fiscal year 1999.

Acadia-St. Landry Hospital Service District has completed an inventory of computer systems and other electronic equipment that may be affected by the Year 2000 Issue and that are necessary to conducting the Hospital's operations. Based on this inventory, the Hospital is in the remediation stage, making changes to the Accounts Receivable, General Ledger, and payroll systems and updating equipment to make it year 2000 compliant. Testing and validation of the systems will need to be completed.

Because of the unprecedented nature of the Year 2000 Issue, its effects and the success of related remediation efforts will not be fully determinable until the year 2000 and thereafter. Management cannot assure that the Hospital is or will be year 2000 ready, that the Hospital's remediation efforts will be successful in whole or in part, or that parties with whom the Hospital does business will be year 2000 ready.

## Note 10. Subsequent Event

In July 1999, the Hospital Service District entered into a joint venture with Acadian Homecare, Inc., to form Acadia-St. Landry Hospital Home Health, LLP in order to provide home health services to the patients of the District. The Hospital Service District has a 50% participation in the joint venture.



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Retired: Sidney L. Bronssard, CPA 1980. Leon K. Poche, CPA 1984 James II Breaux, CPA 1987 Erma R. Walten, CPA 1988 George A. Lewis, CPA\* 1992. Geraldine J. Wimberly, CPA\* 1995 Rodney L. Savoy, CPA\* 1996. Larry G. Bronssard, CPA\* 1996

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CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT ON THE SUPPLEMENTARY INFORMATION

To the Board of Commissioners Acadia-St. Landry Hospital Service District Church Point, Louisiana

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary information is presented for purposes of additional analysis of the basic financial statements rather than to present the financial position, results of operations, and cash flows of the District. The supplementary information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects, in relation to the basic financial statements taken as a whole.

Grows Jacho; Levier Brown, LLP

Crowley, Louisiana November 2, 1999

\* A Professional Accounting Corporation.

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# SCHEDULE OF PATIENT SERVICE REVENUE Years Ended June 30, 1999 and 1998

	19	99	1	998
Gross patient direct services		\$ 9,599,551		\$ 9,055,796
Less: Contractual allowances Administrative adjustments	\$(3,295,724) (152,151)	(3,447,875)	\$(2,750,969) (110,808)	<u>(2,861,777</u> )
Net patient services		<u>\$ 6,151,676</u>		<u>\$ 6,194,019</u>

# SCHEDULE OF OTHER OPERATING REVENUE Years Ended June 30, 1999 and 1998

	1999	1998
Cafeteria	\$ 11,323	\$ 10,014
Collection fee income	_	6
Service charges	_	3,199
Vending machine commissions	2,733	2,320
Recovery of bad debts	36,868	28,075
Other	36,542	37,742
	<u>\$ 87.466</u>	<u>\$ 81,356</u>

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# SCHEDULE OF OPERATING REVENUE AND EXPENSES Years Ended June 30, 1999 and 1998

	<u> 1999</u>	<u> 1998</u>
Direct operating revenue Direct operating expenses Contractual allowances and	\$ 9,599,551 <u>4.507.668</u> \$ 5,091,883	\$ 9,055,796 <u>4,973,246</u> \$ 4,082,550
administrative adjustments	<u>3,447,875</u> \$ <u>1,644,008</u>	2,861,777 \$ 1,220,773
General operating expenses: General services Fiscal and administration	\$ 502,228 <u>1,112,791</u> \$ 1,615,019	\$ 582,820 <u>1,251,541</u> \$ 1,834,361
Other operating revenue	\$ 87,466	\$ 81.356
Other operating expenses: Interest Depreciation Provision for uncollectible accounts	\$ 7,149 222,010 453,146 \$ 682,305	\$ 4,467 217,627 467,925 \$ 690,019
Deficiency of operating revenue over operating expenses	<u>\$ (565,850</u> )	<u>\$(1,222,251</u> )

# SCHEDULE OF DEPARTMENTAL DIRECT OPERATING REVENUE AND EXPENSES Years Ended June 30, 1999 and 1998

<u>Inpatient Revenue</u> <u>Outpatient</u>	<u>Revenue</u>	
	1998	
Direct services:		
Anesthesiology \$ 258 \$ - \$ 1,845	\$ 3,075	
Audiometry 28 - (28)	94	
Central supply 227,838 255,488 251,520	204,504	
CT scan 99,333 44,044 211,102	85,603	
Daily patient services 836,085 712,120 -	-	
Electrocardiology 92,020 80,842 205,635	181,655	
Electroence phalography 780 1,300 2,860	7,020	
Emergency room 12,899 11,030 115,867	116,064	
Emergency room physician - 215,387	213,608	
Gastro 7,350 12,600 85,050	93,635	
Health and fitness center - 34,512	34,551	
Home health - 450,320	601,167	
Intravenous therapy 68,666 54,405 11,182	12,692	
Kidmed - 11,006	8,944	
Laboratory 288,077 363,978 445,078	386,865	
Nuclear medicine 10,230 5,324 12,440	14,775	
Occupational therapy 400 175 23,750	16,500	
Operating room 3,850 5,725 72,125	66,200	
Other 134 403 939	2,173	
Pharmacy 751,673 624,435 93,301	128,782	
Physical therapy 44,020 49,136 111,663	117,236	
Physician office	-	
Psychiatric therapy group 6,995 3,290 964,210	937,375	
Psychiatric unit 2,622,514 2,519,987 26,075	12,381	
Radiology 36,141 33,451 139,125	149,647	
Recovery room - 2,909	_	
Respiratory therapy 375,831 471,108 244,606	163,285	
Clinic 68,919 2,230 155,317	110,684	
Clinic - pharmacy - 7,181	3,169	
Speech therapy 11,523 12,578 46,115	42,953	
Stress test 9,040 1,040 12,080	16,040	
Ultrasound15,67510,17556,100	50.255	
\$5,590,279 \$5,274,864 \$4,009,272	<u>\$3,780,932</u>	

Direct Revenue Direct Over (Under) Direct Operating Expenses Total Direct Revenue <u>Operating Expenses</u> 1999 1998 1999 1998 1999 1998 \$ 1,532 \$ 2,103 3,075 200 571 2,875 94 94 479,358 459,992 94,730 117,059 384,628 342,933 310,435 129,647 77,433 57,319 233,002 72,328 836,085 712,120 519,016 715,899 317,069 (3,779)297,655 262,497 124,123 109,372 173,532 153,125 3,468 3,640 8,320 5,870 172 2,450 127,094 128,766 18,409 12,370 110,357 114,724 (379, 278)215,387 213,608 337,620 592,886 (122, 233)92,400 106,235 92,400 106,235 34,551 (22,530)(17, 182)34,512 57,042 51,733 244,829 450,320 601,167 205,491 298,762 302,405 79,848 67,097 43,182 16,802 23,915 63,046 8,944 483 10,523 8,944 11,006 733,155 750,843 330,668 402,487 439,660 311,183 7,817 22,670 20,099 16,227 12,282 6,443 24,150 16,675 14,791 7,512 9,359 9,163 75,975 34,032 34,815 37,893 41,160 71,925 2,436 1,073 2,576 70 1,003 140 753,217 246,723 206,006 598,251 547,211 844,974 86,069 73,680 155,683 166,372 92,692 69,614 (4,205) 10,792 4,205 (10,792)738,166 632,006 233,039 308,659 971,205 940,665 2,532,368 982,771 1,665,818 1,371,378 2,648,589 1,160,990 78,139 175,266 104,959 50,501 183,098 124,765 2,909 2,909 513,823 456,836 620,437 634,393 106,614 177,557 (59,283)(64,791)283,519 224,236 112,914 177,705 3,169 7,181 7,181 3,169 31,589 31,091 57,638 55,531 26,049 24,440 21,120 16,489 21,120 17,080 591 22,295 22,730 60,430 49,480 37,700 <u>71,775</u> \$4,507,668 <u>\$5,091.883</u> \$4,082,550 \$9,055,796 \$4,973,246 \$9,599,551

# SCHEDULE OF DEPARTMENTAL DIRECT AND GENERAL OPERATING EXPENSES Years Ended June 30, 1999 and 1998

	Salaries		Professional Fees		
	1999	1998	1999	1998	
Divest governings.					
Direct services:	\$ -	\$ -	\$ -	\$ -	
Anesthesiology	35,505	29,358	<b>Y</b>	-	
Central supply	32,202	20,000	1,996	34,903	
CT scan	470,643	562,778	23,736	128,975	
Daily patient services	470,043	502,770	115,056	99,139	
Electrocardiology		_	3,195	5,870	
Electroencephalography	_	_	5,155	5,0.0	
Emergency room	145,216	41,006	192,404	551,880	
Emergency room physicians Health and fitness center	53,655	48,642	345	551,000	
	177,962	244,673	10,970	21,719	
Home health	111,502	244,0,3	-	21, (1)	
Intravenous therapy	_	_ _		_	
Kidmed	121,729	105,682	71,813	68,884	
Laboratory	121,123	105,002	16,227	12,282	
Nuclear medicine		_	14,148	7,512	
Occupational therapy	_	_	8,759	11,000	
Operating room	_	_	70	140	
Other	01 000	71,689	-	-	
Pharmacy	81,880	71,005	86,069	92,692	
Physical therapy		_	-	52,052	
Physician office	34,699	12,323	_	_	
Psychiatric therapy group	9,725	35,205	3,273	3,024	
Psychiatric unit	79,859	67,997	330	4,299	
Radiology	-	90,530	2,285	1,200	
Respiratory therapy	79,538	166,658	11,497	5,710	
Health clinic	264,616	100,050	26,049	24,355	
Speech therapy	_		20,045		
Stress test			49,480	37,700	
Ultrasound	¢1 EEE 027	\$1,476,541	\$ 637,702	\$1,110,084	
	<u>\$1.555.027</u>	<u>51,4,0,547</u>	<u>5 057,702</u>	<u> </u>	
General services:				_	
Dietary	\$ 60,462	\$ 64,087	\$ 6,240	\$ 6,700	
Housekeeping	48,793	64,564	-	_	
Laundry and linen	-	-	-	-	
Plant engineering	<u> 38,929</u>	62,399		<del>-</del>	
	<u>\$ 148,184</u>	<u>\$ 191.050</u>	<u>\$ 6,240</u>	\$ 6.700	
Subtotals forward	\$1,703,211	<u>\$1,667,591</u>	\$ 643,942	\$1,116,784	

	Other	Expenses	Tot	al
	1999	<u> 1998</u>	1999	1998
\$	1,532	\$ 200	\$ 1,532	\$ 200
	59,225	87,701	94,730	117,059
	75,437	22,416	77,433	57,319
	24,637	24,146	519,016	715,899
	9,067	10,233	124,123	109,372
	273	-	3,468	5,870
	18,409	12,370	18,409	12,370
	~	-	337,620	592,886
	3,042	3,091	57,042	51,733
	16,559	32,370	205,491	298,762
	16,802	23,915	16,802	23,915
	483	_	483	-
	137,126	136,617	330,668	311,183
	-		16,227	12,282
	643	-	14,791	7,512
	26,056	26,893	34,815	37,893
	-	-	70	140
	164,843	134,317	246,723	206,006
	_	-	86,069	92,692
	10,792	4,205	10,792	4,205
	703,467	619,683	738,166	632,006
	969,773	1,122,761	982,771	1,160,990
	44,576	32,663	124,765	104,959
	24,791	87,027	106,614	177,557
	7,406	5,337	283,519	177,705
	-	85	26,049	24,440
	_	591	· _	591
	_	_	49,480	37,700
\$2	,314,939	\$2,386,621	\$4,507,668	\$4,973,246
		<del></del>	<u></u>	<u> </u>
\$	90,195	\$ 93,821	\$ 156,897	\$ 164,608
•	17,123	16,339	65,916	80,903
	22,441	18,681	22,441	18,681
	218,045	<u>256,229</u>	256,974	318,628
\$	347,804	\$ 385,070	\$ 502,228	\$ 582,820
ė o	CC0 740			ĈE EEC ACC
<u> </u>	<u>,662,743</u>	<u>\$2,771,691</u>	\$5.009 <u>.896</u>	<u>\$5,556,066</u>
				(continued

(continued)

# SCHEDULE OF DEPARTMENTAL DIRECT AND GENERAL OPERATING EXPENSES Years Ended June 30, 1999 and 1998

	<u>Salaries</u>			Professional Fe		Fees		
		1999		1998		1999		1998
Subtotals forwarded	<u>\$1</u>	<u>.703.211</u>	<u>\$1</u>	<u>,667,591</u>	\$	643,942	\$1,	116,784
Fiscal and administrative services:								
Accounting	\$	68,436	\$	97,363	\$	-	\$	-
Administration		80,436		74,700		5,047		5,500
Business office		144,123		99,059		-		<b>-</b>
Medical records		64,612		57,814		-		-
Payroll taxes		-		_		-		_
Employee benefits		-		-		-		-
Physician recruitment		-		*-		-		~
Other general and								
administrative expenses		74,886	<del></del>	57,189		17,439	B	17,960
	\$	432,493	<u>\$</u>	386,125	<u>\$</u>	22,486	\$	23,460
Total	<u>\$2</u>	,135,704	<u>\$2</u>	<u>,053,716</u>	<u>\$</u>	666,428	<u>\$1.</u>	140,244

	Other	Expenses		To	tal	
	1999	1998	<del></del>	1999		1998
<u>\$2</u>	<u>,662,743</u>	<u>\$2,771,6</u>	<u>\$91</u>	,009 <u>,896</u>	<u>\$5</u> ,	<u>556,066</u>
\$	2,539	\$ 4,5	901 \$	70,975	\$	102,264
Y	41,369	136,1	•	126,852	Y	216,398
	44,935	51,8		189,058		150,876
	14,651	12,3		79,263		70,159
	155,951	153,3		155,951		153,115
	141,181	127,4		141,181		127,438
	5,850	57,2	266	5,850		57,266
	<u>251,336</u>	298,8	<u> </u>	<u>343,661</u>		374,025
\$	657,812	\$ 841.5	9 <u>56</u> \$1	,112,791	<u>\$1</u> ,	251,541
<u>\$3</u>	,320,555	<u>\$3,613,6</u>	5 <u>47</u> \$6	122.687	<u>\$6.</u>	807,607

# SCHEDULE OF BOARD FEES Years Ended June 30, 1999 and 1998

Each board member is paid \$40 for attendance at each board meeting.

Board Members	<u>1999</u>	<u>1998</u>
Philip Smith	<u>\$480</u>	<u>\$440</u>
Jean Voitier	<u>\$440</u>	<u>\$440</u>
George Brouillette	<u>\$480</u>	<u>\$400</u>
John LeJeune	\$480	\$400
Ward Bellard, M.D.	<u>\$480</u>	<u>\$400</u>
Paul Matte	<u>\$440</u>	<u>\$440</u>

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Retired:
Sidney L. Broussard, CPA 1980
Leon K. Poche, CPA 1984
James H. Breaux, CPA 1987
Erma R. Walton, CPA 1988
George A. Lewis, CPA\* 1992
Geraldine J. Wimberly, CPA\* 1995
Rodney L. Savoy, CPA\* 1996
Larry G. Broussard, CPA\* 1996

Members of American Institute of Certified Public Accountants Society of Louisiana Certified Public Accountants

# BROUSSARD, POCHE', LEWIS & BREAUX, L.L.P.

CERTIFIED PUBLIC ACCOUNTANTS

REPORT ON COMPLIANCE AND ON INTERNAL CONTROL OVER FINANCIAL REPORTING BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Commissioners Acadia-St. Landry Hospital Service District Church Point, Louisiana

We have audited the financial statements of the Acadia-St. Landry Hospital Service District as of and for the year ended June 30, 1998, and have issued our report thereon dated November 2, 1999. We conducted our audit in accordance with generally accepted auditing standards and the standards applicable to financial audits contained in <u>Government Auditing Standards</u>, issued by the Comptroller General of the United States.

### Compliance

As part of obtaining reasonable assurance about whether the Acadia-St. Landry Hospital Service District's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests did not disclose any instances of noncompliance that are required to be reported under Government Auditing Standards.

## Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Acadia-St. Landry Hospital Service District's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the general purpose financial statements and not to provide assurance on the internal control over financial reporting.

To the Board of Commissioners Acadia-St. Landry Hospital Service District

However, we noted certain matters involving the internal control over financial reporting and its operation that we consider to be reportable conditions. Reportable conditions involve matters coming to our attention relating to significant deficiencies in the design or operation of the internal control over financial reporting that, in our judgment, could adversely affect Acadia-St. Landry Hospital Service District's ability to record, process, summarize and report financial data consistent with the assertions of management in the financial statements. Reportable conditions are described in the accompanying schedule of findings and questioned costs as item 1999-1 and 1999-2.

A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control that might be reportable conditions and, accordingly, would not necessarily disclose all reportable conditions that are also considered to be material weaknesses. We believe items 1999-1 and 1999-2 described in the accompanying schedule of findings and questioned costs to be material weaknesses.

This report is intended for the information of management and the Legislative Auditor. However, this report is a matter of public record and its distribution is not limited.

Boursoud, Voch, Juis & Beauty, LLP

Crowley, Louisiana November 2, 1999

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# SCHEDULE OF FINDINGS AND QUESTIONED COSTS Year Ended June 30, 1999

We have audited the financial statements of Acadia-St. Landry Hospital Service District as of and for the year ended June 30, 1999, and have issued our report thereon dated November 2, 1999. We conducted our audit in accordance with generally accepted auditing standards and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Our audit of the financial statements as of June 30, 1999 resulted in an unqualified opinion.

### Section I Summary of Auditor's Reports

а.	Report on Internal Control and Compliance Material to the Financial Statements
	Internal Control Material Weaknesses <u>x</u> Yes <u>         No      Reportable Conditions <u> </u></u>
	Compliance Compliance Material to Financial Statements Yes $\underline{x}$ No

### b. Federal Awards

The District does not have any federal awards.

## Section II Financial Statement Findings

## 1999-1 Account Receivable - Collection Posting Procedures

Finding: During the course of the audit, we discovered a deficiency in the posting of receipts by the Hospital's business office to include but not limited to:

- Improper posting of Medicare and Medicaid remittance advices, cash transactions, as well as discounts.
- 2. Inadequate communication with accounting department when corrections are made to patient accounts for prior period errors.

Cause: Inadequate reconciliation of account receivable collection postings.

Recommendation: Development and implementation of a reconciliation process of account receivable collections to general ledger postings.

Response: A reconciliation process of account receivable collections to general ledger postings will be developed and implemented.

# SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED) Year Ended June 30, 1999

### Section II Financial Statement Findings (continued)

## 1999-2 <u>Healthcare Compliance Program</u>

Finding: An effective compliance program as recommended by the Office of Inspector General, that has internal controls to promote adherence to applicable federal and state law, and the program requirements of federal, state and private health plans is not in place.

Recommendation: Development of an effective compliance program as recommended by the Office of Inspector General, that has internal controls to promote adherence to applicable federal and state law, and the program requirements of federal, state, and private health plans.

Response: Acadia-St. Landry Hospital Service District is in the process of developing an effective compliance program in order to adhere to applicable federal and state law, and the program requirements of federal, state and private health plans. The Service District has appointed a compliance officer, and has started the process of identifying and implementing policies and procedures.

## SCHEDULE OF PRIOR YEAR FINDINGS Year Ended June 30, 1999

### I Internal Control and Compliance Material to the Financial Statements

## 1998-1 Billing and Collection Procedures

Management should develop a compliance program that would encompass the implementation and monitoring of adequate filing and collection policies, procedures, and controls. Management should also use the published recommendation of the Inspector General.

Management has developed and implemented internal control policies and procedures dealing with the billing and collection process. See 1999-2 finding dealing with an effective compliance program in accordance with the Office of the Inspector General.

### II Internal Control and Compliance Material to Federal Awards

The prior year's report did not include any federal awards.

### III Management Letter

### 1998-2 Year 2000 Computer Issue

Management should develop a process to identify all possible equipment that can be influenced by the year 2000. After identification of equipment influenced by this issue, an effective action plan should be implemented.

The Service District is in the remediation stage, making changes to, converting, or replacing existing systems and equipment to make them year 2000 compliant. The Service District will then enter the validation and testing stage, validating and testing changes made in the remediation stage, including review of test results.

### 1998-3 Contract for Partial Day Psychiatric Program

Management should keep detailed records for the liability to the contractor to be current and reconciled to the specific collections and accounts to be considered collectible.

Resolved.

## ACADIA-ST. LANDRY HOSPITAL

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#### MANAGEMENT'S CORRECTIVE ACTION PLAN

Year Ended June 30, 1999

## Section I: Internal Control and Compliance Material to the Financial Statements

### 1999-1 Accounts Receivable - Posting Procedures

Recommendation: Development and implementation of a reconciliation process of accounts receivable collections to general ledger postings.

Response: A reconciliation process of accounts receivable collections to general ledger postings will be developed and implemented.

Responsible party: Brenda Pourcaiu

## 1999-2 <u>Healthcare Compliance Program</u>

Recommendation: Development of an effective compliance program as recommended by the Office of Inspector General, that has internal controls to promote adherence to applicable federal and state laws, and the program requirements of federal, state, and private health plans.

Response: Acadia-St. Landry Hospital is in the process of developing an effective compliance program in order to adhere to applicable federal and state law, and the program requirements of federal, state, and private health plans. The Service District has appointed a compliance officer and has started the process of identifying and implementing policies and procedures.

Responsible party: Mike Regan